

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County St. Mary's

Village or City Milestown (No. _____)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. _____

2 FULL NAME MARY ANN MARIE ANDERSON

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH 1883
(Month) (Day) (Year)

7 AGE 24 yrs. ____ mos. ____ ds. or ____ min.?
If LESS than 1 day ____ hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER John HALL.

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Better Anne Newth

13 BIRTHPLACE OF MOTHER (State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Guire Hall
(Address) Milestown Md

15 Filed _____ 192____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 24, 1907.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1905 to 1907,
that I last saw him alive on Feb 23rd, 1907,
and that death occurred on the date stated above, at a m.
The CAUSE OF DEATH * was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ____ mos. ____ ds.

Contributory Secondary _____

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Walter B. Dent M. D.
_____, 192____ (Address) Oakley Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sacred Heart DATE OF BURIAL Feb 26, 1907

20 UNDERTAKER Eugene Hall ADDRESS Dynard Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

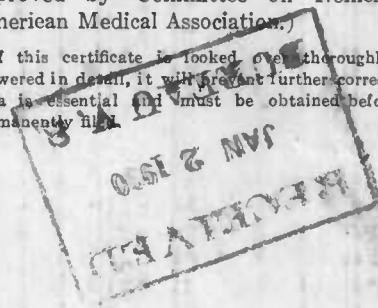
(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Name
In
Full

William Ashton

CERTIFICATE OF DEATH

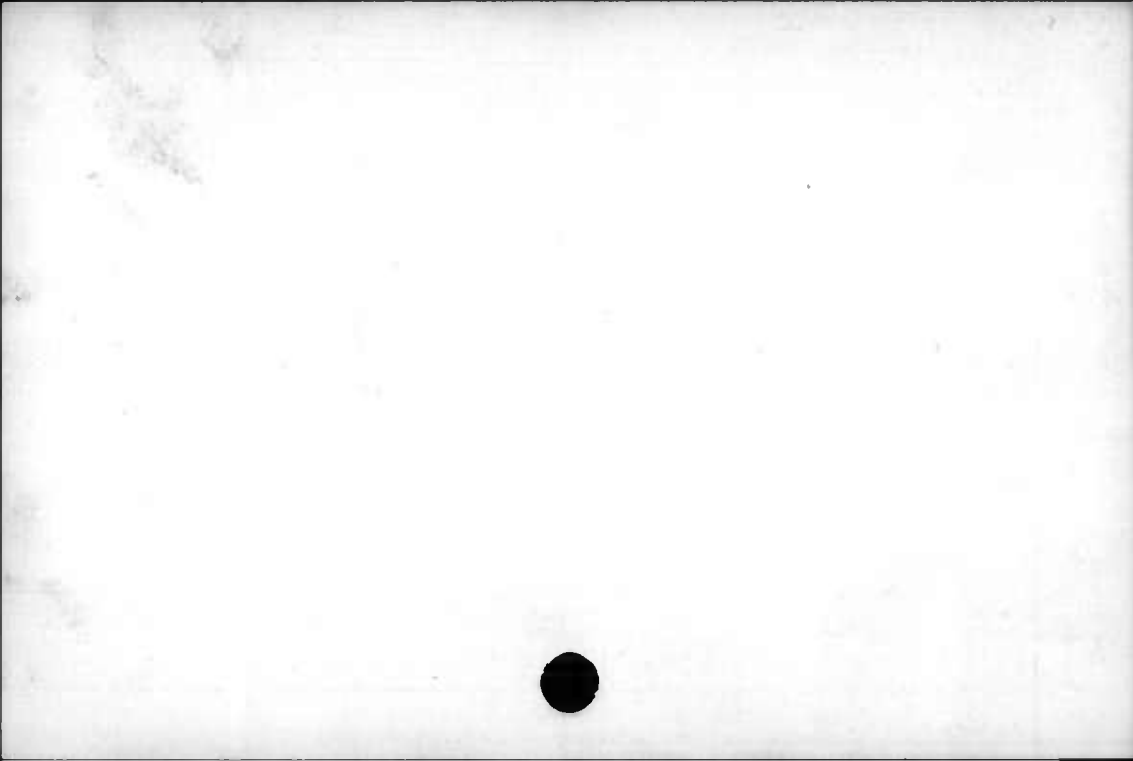
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellevue</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>27</i>	Age <i>8</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>James H. Ashton</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Margaret Ashton</i>		Mother's Birthplace <i>"</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i> 1	How long <i>6 Weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Johnson</i>
	Address <i>Morgantown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

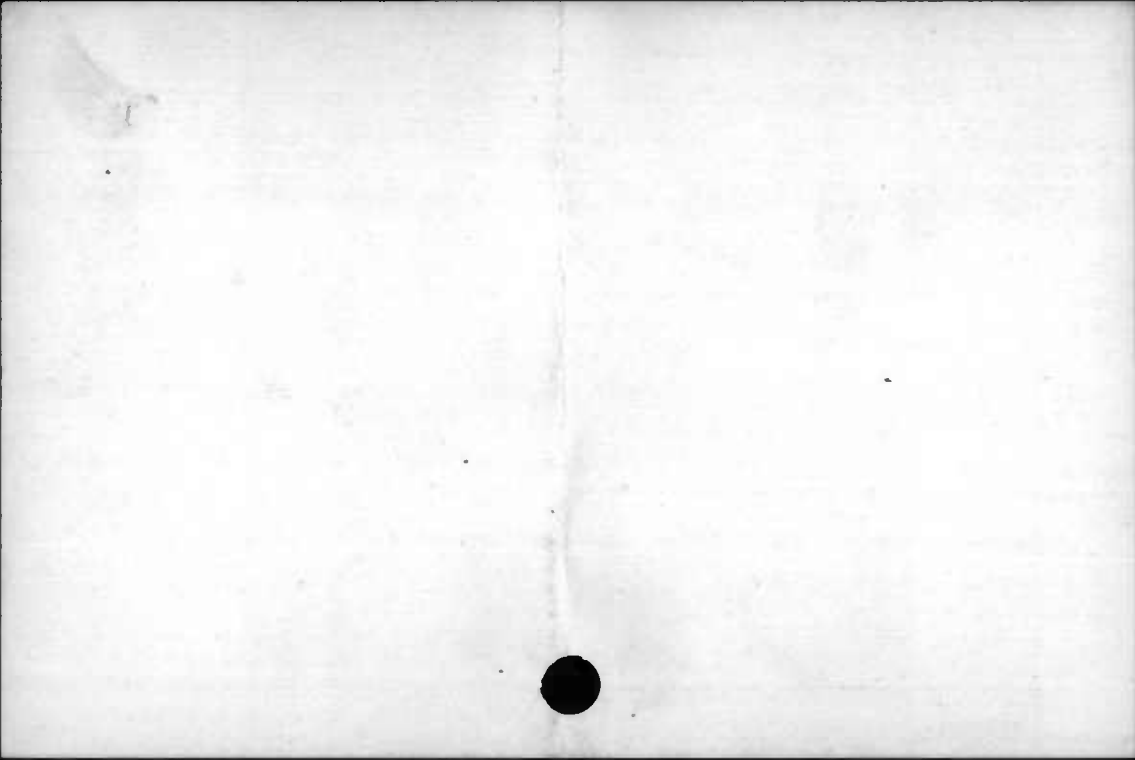
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fondstown</u> ^{Town}		<u>St. Mary's</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Year} <u>Feb</u> ^{Month} <u>8th</u> ^{Day}		Age <u>78</u> ^{Years}		Months	Days
Sex <u>male</u>	Color or Race <u>negro</u>	Birth-place <u>St. Mary's</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Fondstown</u>			
Married, Single or Widowed	Name of Wife or Husband <u>Mary Washington</u>				
Father's Name	<u>Unknown</u>		Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Elijah Maclellan</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>2 yrs</u>
Immediate <u>General debility</u>	How long <u>2 yrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry Richardson</u>
	Address <u>Great Mills</u>
	<u>Rich Harrison</u>
Accident or Suicide?	



Name In Full *Larry Cecil*
 Died at *Weymouth Factory* Town *St Marys* County *MARYLAND*
 Date 19 *09* Month *Feb* Day *14* Age *2 days* Y. M. D. Native of *St Marys* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *2*

Husband of

Wife

Father's Name *John L Cecil* Mother's Name *Helen Greenwell*
 Maiden Name *(over)*

Cause of Death { Primary Immediate *Convulsions* } How long sick *71*
 Accident, Suicide, Homicide

Reported by *Dr Henry Richardson*Address *Weymouth Factory* *Med*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Arthur's birth-place
St. Mary's Co.

Arthur's birth-place
St. Mary's Co.

Name
in
Full

CERTIFICATE OF DEATH

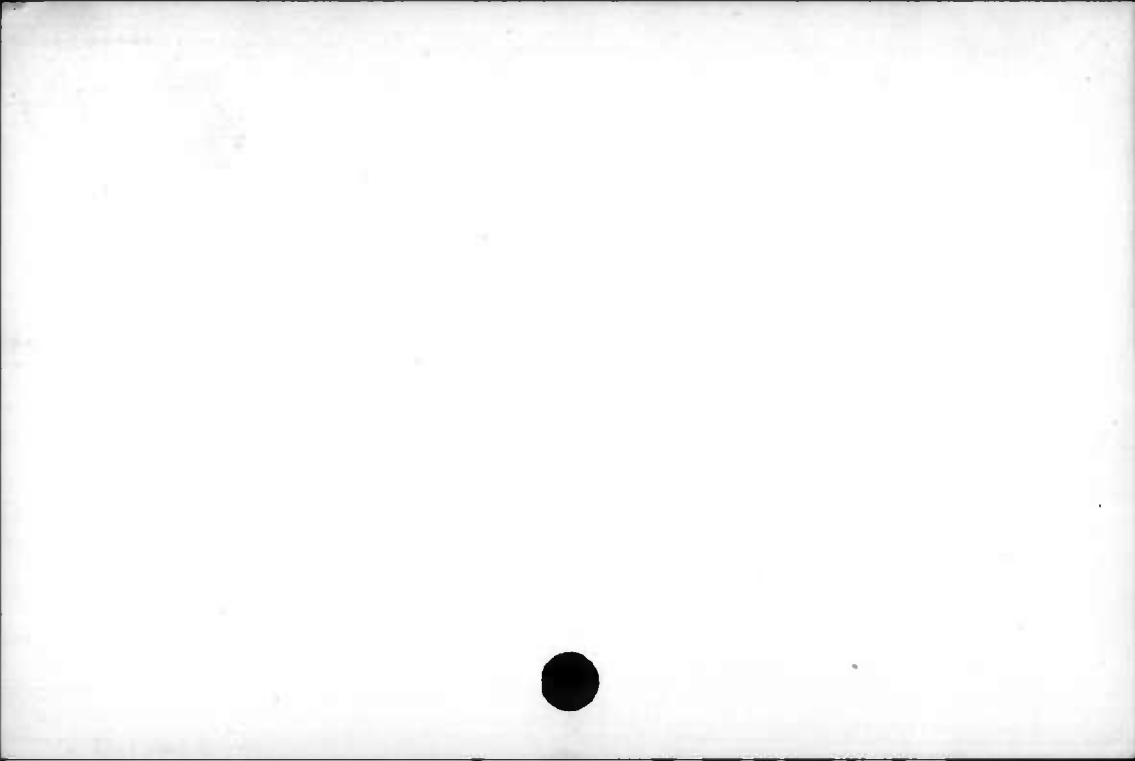
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cockeys</u> Town		<u>St Mary's</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>24</u>	Age <u>65</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>Former</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Susan Curry</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Phil Jones</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Kidney trouble</u>	How long <u>12 mos.</u>
Immediate <u>Apoplexy</u>	How long <u>2 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. King</u>
	Address <u>Cockeys Ind.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

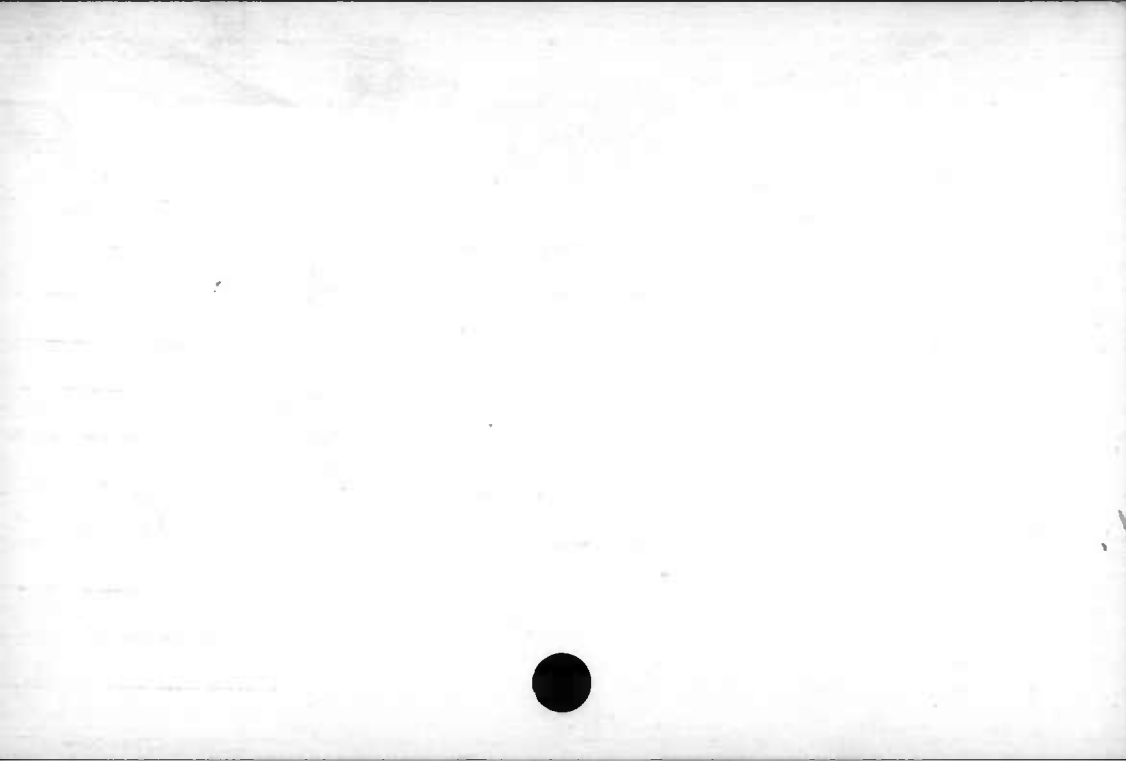
Name in Full Edgar Lacey Dempsey		Town Abets.		County St. Mary's		MARYLAND	
Died at Abets.		Month 2		Day 22		Age 17	
Date of death 1907		Month 2		Day 22		Years 17	
Sex male		Color or Race white		Birth-place D.C.		Months —	
Occupation groom		Where Residing if not at place of death —		Days —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Dempsey		Father's Birthplace D.C.					
Mother's Maiden Name Unknown		Mother's Birthplace —					
Name of person giving information Clarence Mattingly		How related to deceased uncle					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Gunshot wound of chest		How long —	
Immediate by his own hands		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. V. Palmer	
accident		Address Palmer	
Accident or Suicide? —		W. V. Palmer	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollywood</i>		Town <i>St Mary's</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>2</i>		Day <i>2</i>		Age <i>65</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>									
Occupation <i>Former</i>				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband <i>Sallie Dison</i>									
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>									
Name of person giving information <i>Halter Porter</i>				How related to deceased <i>Son in Law</i>									

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>La Grippe</i>	How long <i>1 week</i>
	Immediate <i>Pneumonia</i>	How long <i>7 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. King</i>
		Address <i>Doakville Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Hall

Town

Laurel Grove

County

St Mary's

MARYLAND

Died at

Date

of death 1907

Month

2

Day

15

Age

Years

71

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

maching & ironing

Where Residing if not
at place of death~~Married~~
or WidowedName of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Eddie Brown

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

La Grippe

(10)

How long

2 weeks

Immediate

Pneumonia

long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. D. King
Cortice
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

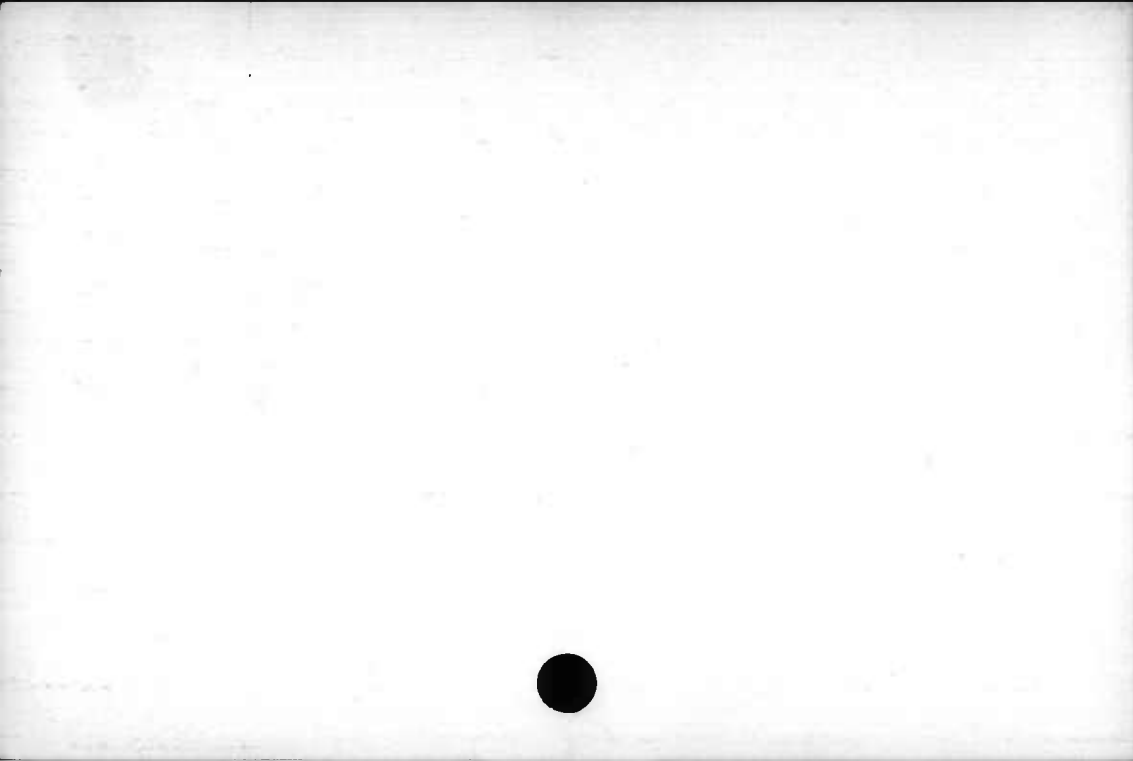
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Henry Holly</i>		Town <i>Dynard</i>		County <i>H. May 3</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>2</i>		Day <i>18</i>		Age Years <i>64</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>male</i>		Color or Race <i>colored</i>		Birth- place <i>md</i>		Occupation <i>gsterman</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Holly</i>		Father's Name <i>Willie Holly</i>		Father's Birthplace <i>md</i>		Mother's Maiden Name <i>Jane Holly</i>		Mother's Birthplace <i>md</i>		Name of person giving In formation <i>Lewis Holly</i>		How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>64</i>		How long	
Immediate		<i>Paraly is due to stroke at her residence</i>		How long <i>18 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>Robt V. Palmer</i>	
				Address <i>Palmer</i>	
Accident or Suicide?				<i>md</i>	



Name
in
Full

Joseph Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Herrmannville		St. Mary's					
Date of death	1907	Month	Feb	Day	8th	Age	8.7
Sex	Male	Color or Race	White	Birth-place	St. Mary's, Co.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
				Mary Sally			
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary

How long

154

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Denile debility

Summer said

Henry Rich or Dror

Great Mills

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

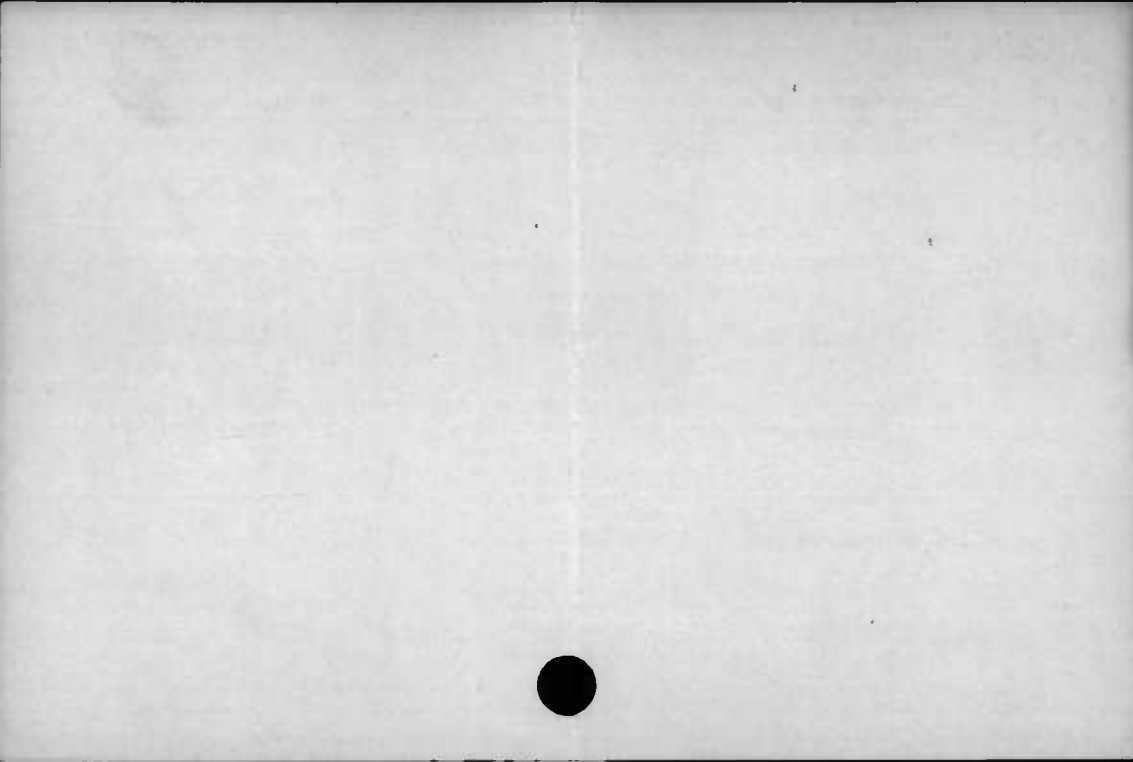
Died at <i>Mulberry Fields</i> ^{Town}		<i>Mason</i> ^{County} <i>St. Marys</i>		MARYLAND	
Date of death <i>1907</i>	<i>4</i> ^{Month}	<i>8</i> ^{Day}	Age <i>21</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Marys, Conn.</i>		
Occupation <i>Salver</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Edice Mason</i>			Mother's Birthplace <i>St. Marys Conn.</i>		
Name of person giving information <i>Arthur Blackiston</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>12 Months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Hooper Lynch, M.D.</i>	
		Address <i>Valley Lee, Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James Roach

Town

Bridge

St. Marys

County

MARYLAND

Date

of death 190

7

Month

Feb

Day

14

Years

Age 74

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Leles

Roach

Father's
Name

Dr James Roach

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Brown

Mother's
BirthplaceName of person giving
In formation

George Roach

How related
to deceased

Son

CAUSES OF DEATH

154

Primary

Debility Senile

How long

6 months

Immediate

Exhaustion

How long

7 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

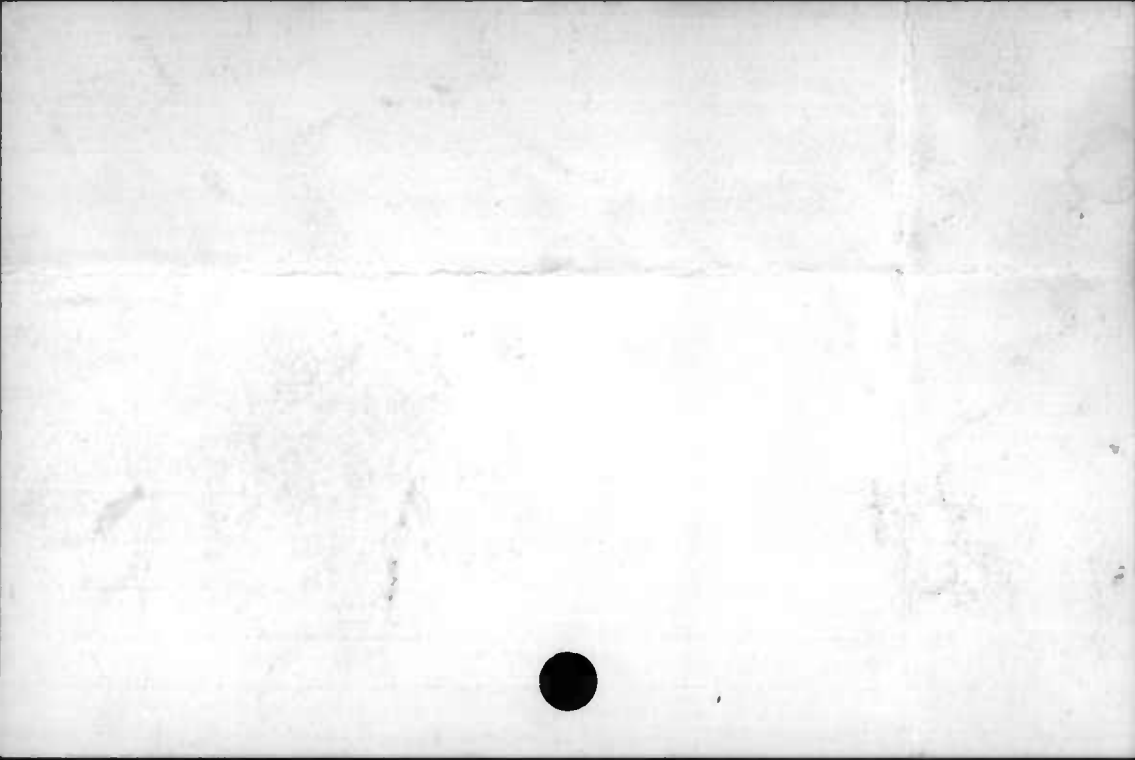
Dr V Lloyd

Address

Bridge Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

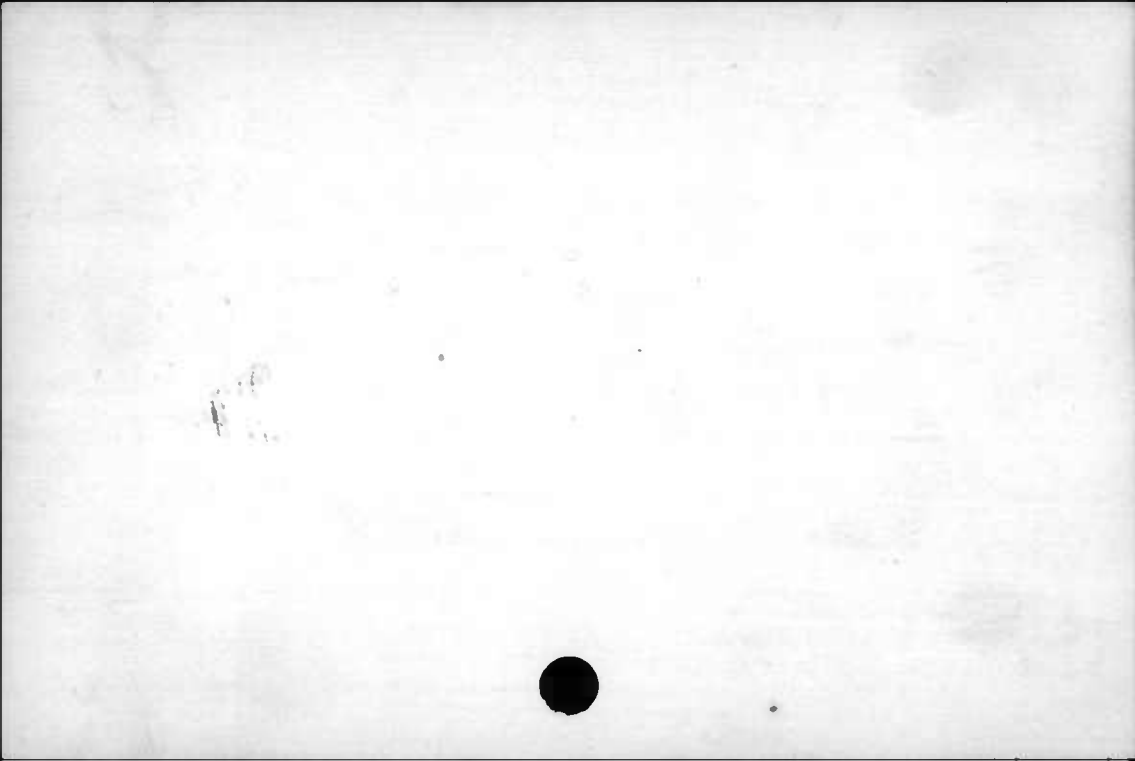
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belmont</i> Town		<i>Stennis</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>28</i>	Years <i>28</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Stennis Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J P Stennis</i>			
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>J P Stennis</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>(27)</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos Brub</i>	
	Address <i>Leona Blum</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Anna Thompson</i>		Town <i>Dynard</i>		County <i>St. Mary's</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>2</i>		Day <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>30</i>		Years <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Birth-place <i>ind</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Thompson</i>		Father's Birthplace <i>ind</i>		Mother's Birthplace <i>ind</i>	
Father's Name <i>Thomas Young</i>		Mother's Maiden Name <i>Adeline Mills</i>		Name of person giving information <i>James R. Young</i>		How related to deceased <i>Cousin</i>	
CAUSES OF DEATH				(27)			

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>12 mos.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>R. V. Palmer</i>	
		Address <i>Palmer ind</i>	
Accident or Suicide?			



Name
in
Full

Mable Lee Vanvart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Blakisstones* ^{Town} *St. Mary's* ^{County} **MARYLAND**

Date of death *1907* Month *2* Day *22* Age *7* Years *10* Months *07* Days

Sex *Female* Color or Race *white* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *William W. Vanvart*Father's Birthplace *md*Mother's Maiden Name *Mabella Martin*Mother's Birthplace *N.Y.*Name of person giving information *W. W. Vanvart*

How related to deceased

father

CAUSES OF DEATH

Primary

78

How long

Immediate *Endocarditis*

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. V. Palmer

Address

Palmer

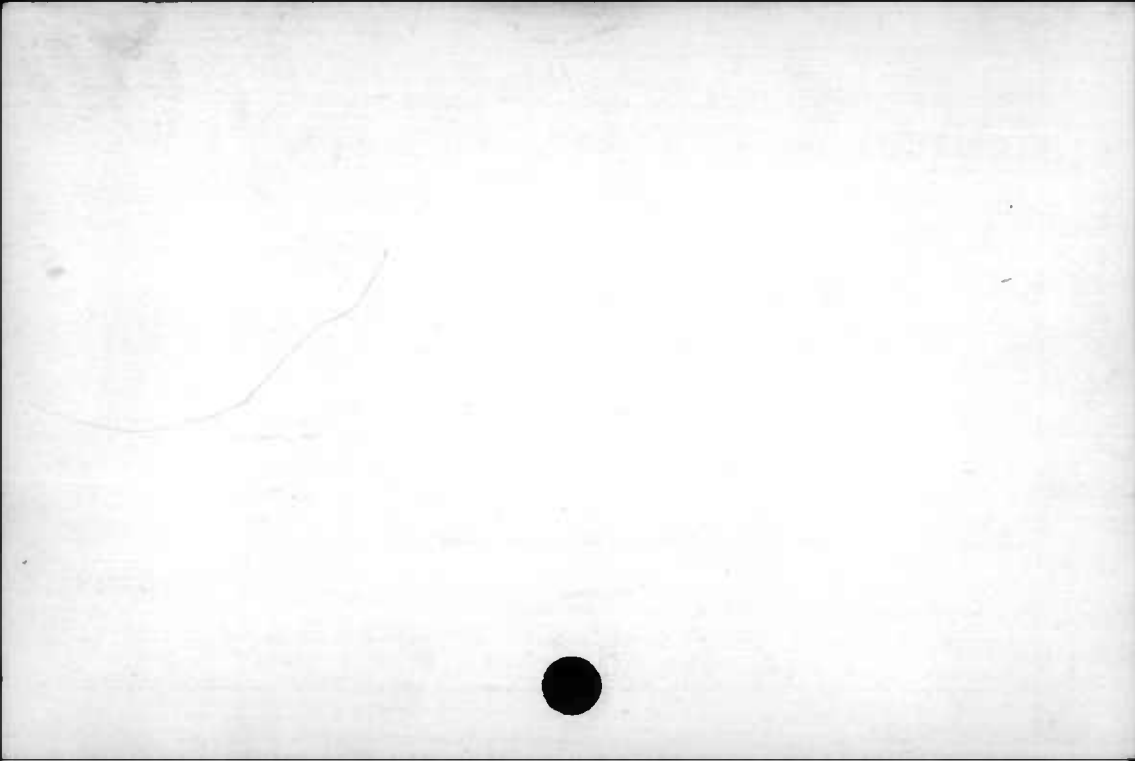
Accident or Suicide?

*md*PHYSICIAN
OR CORONER



Name in Full		Mentel Wallon				* CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hollywood</i>		Town		<i>St Marys</i>		County
	Date of death <i>1907</i>		Month <i>2</i>	Day <i>16</i>	Age <i>19</i>	Years	Months
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St Marys</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Wallon</i>				
	Father's Name <i>W. W. Garton</i>		Father's Birthplace <i>St Marys</i>				
	Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>St Marys</i>				
Name of person giving information <i>Husband</i>		How related to deceased <i>Wife</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>2 weeks</i>				
	Immediate <i>acute complications of lung</i>		How long <i>18 hours</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. L. Smith</i>				
			Address <i>Leonardtown Md</i>				
	Accident or Suicide?						

137



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Walter Price

Town

County

MARYLAND

Died at *Baltimore**St. Marys*

Date

Month

Day

Years

Months

Days

of death *1907**2**18*Age *27*

Sex

*Male*Color or
Race*White*Birth-
place*St. Marys*

Occupation

*clerk*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*J. L. Price*Father's
Birthplace*St. Marys*Mother's
Maiden Name*Miss Bradley*Mother's
Birthplace*St. Marys*Name of person giving
In formation*J. L. Price*How related
to deceased*Father*

CAUSES OF DEATH

103

Primary

Ulcer of Stomach & Bowel

How long

3 weeks

Immediate

Exhaustion

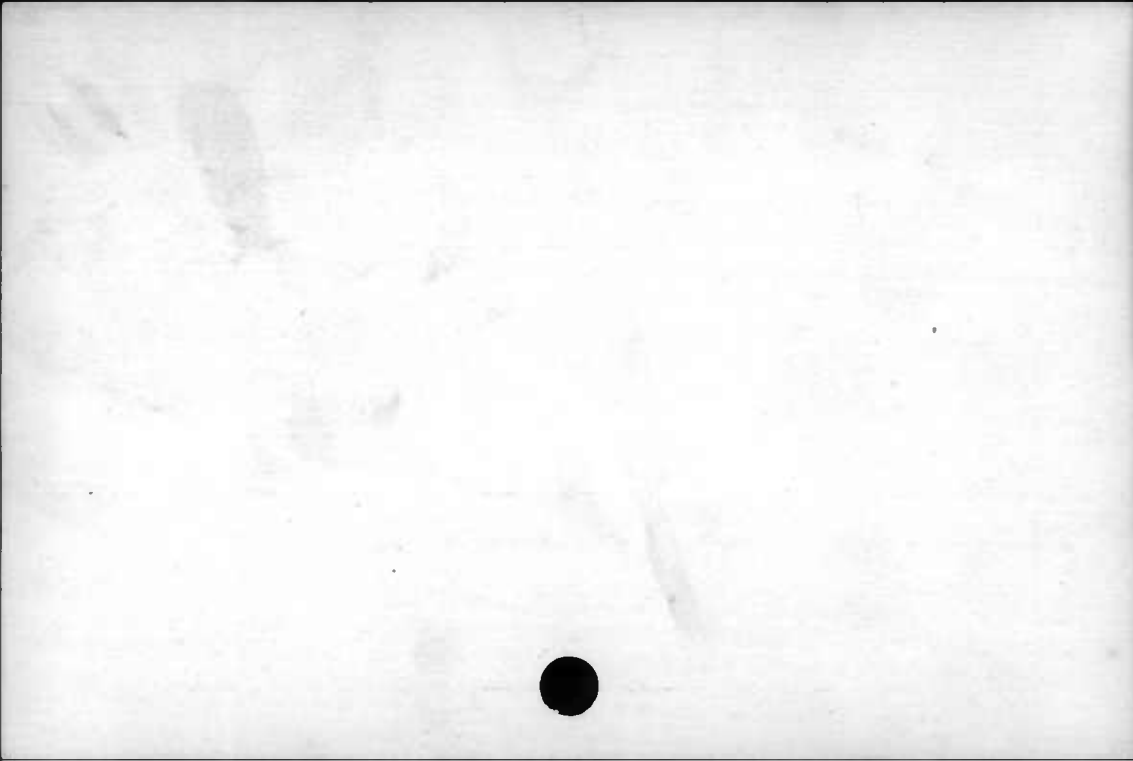
How long

*Two hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. Lynch*

Address

*Lemondtown**md*

Accident or Suicide?



Name
in
Full

Philomena Mother

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Coxville* ^{Town} *SP Mary's* ^{County}

MARYLAND

Date of death *1907* ^{Month} *2* ^{Day} *1* ^{Years} *9* ^{Months} *9* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James Raily Mother* Father's Birthplace *Ind*

Mother's Maiden Name *Fannie Knight* Mother's Birthplace *Ind*

Name of person giving information *J. J. Hesse* How related to deceased *none*

CAUSES OF DEATH

Primary *Pneumonia* **(93)** How long *14 days*

Immediate _____ How long _____

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. O. King
Coxville Ind.

Accident or Suicide?

